

Groundwater Monitoring

Page 10b

Facility Name

Facility ID#

If applicable, make of sensor:

If applicable, model of sensor:

UST Information: If a question does not apply, leave it blank.

MT TANK #

MT TANK #

MT TANK #

MT TANK #

MT TANK #

1 Is GWM used as the primary method of **tank** leak detection?

YES NO

YES NO

YES NO

YES NO

YES NO

2 Is GWM used as the primary method of **line** leak detection?

YES NO

YES NO

YES NO

YES NO

YES NO

3 Is the well secured to prevent unauthorized access/tampering?

YES NO

YES NO

YES NO

YES NO

YES NO

4 Is the well clearly marked with a black equilateral triangle on a white background and with a suitable warning?

YES NO

YES NO

YES NO

YES NO

YES NO

5 Is groundwater within 20 feet of the ground surface?

YES NO

YES NO

YES NO

YES NO

YES NO

6 Can the monitoring method used detect the presence of free product floating on the groundwater?

YES NO

YES NO

YES NO

YES NO

YES NO

7 Is the well constructed properly? (0.020-inch factory slot PVC piping from above the water level to bottom of well. Surface concrete slopes up to a concreted surface can with a 12"-24" bentonite seal.)

YES NO

YES NO

YES NO

YES NO

YES NO

8 Is the monitoring system automatic?

YES NO

YES NO

YES NO

YES NO

YES NO

9 Is the power box accessible and power light on?

YES NO

YES NO

YES NO

YES NO

YES NO

10 Is the system monitored monthly?

YES NO

YES NO

YES NO

YES NO

YES NO

11 What method is used? (Circle One)
(B- Bailer; P- Paste; S- Stick; T- Tape; E- Electronic)

B

P

B

P

B

P

B

P

B

P

S

T

S

T

S

T

S

T

S

T

E

E

E

E

E

12 If electronic, has the groundwater monitoring equipment been calibrated within the last year, or according to the manufacturers recommendations?

YES NO

YES NO

YES NO

YES NO

YES NO

13 Are leak detection records available for the past twelve months?

YES NO

YES NO

YES NO

YES NO

YES NO

14 If question #13 is marked " NO," circle the months in which LD tests are **NOT** available.

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Comments:

(Inspector Initial)

(Date)

(Owner/Operator Initial)

(Date)